|  |  |  |
| --- | --- | --- |
|  | **Hkkjrh; izkS|ksfxdh laLFkku dkuiqj** |  |
| **INDIAN INSTITUTE OF TECHNOLOGY KANPUR** |
| **“kSf{kd foHkkXk : dk;kZy;] fMftVy yfuZax**  |
| **ACADEMIC SECTION: OFFICE OF DIGITAL LEARNING** |

**APPLICATION FOR FEE WAIVER OF REPEATED/SUBSTITUTED MODULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Session:** |  | **Quarter:** |  |

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Roll no:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cellphone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No. of Completed Modules:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **CPI till date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Upload a copy of the last grade sheet)

**Details of Repeated/Substituted modules with grades**

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| **Module Details** | **Previous Grade Details** | **Current Grade Details** |
| **Sl No** | **Module No.** | **Module Name** | **Nature\*** | **Quarter** | **Grade** | **Taken as+** | **Quarter** | **Grade** |
|  |  |  | COR/ELE |  |  | REP/SUB |  |  |
|  |  |  | COR/ELE |  |  | REP/SUB |  |  |
|  |  |  | COR/ELE |  |  | REP/SUB |  |  |
| **Request of Fee waiver**$ **made for (specify the module no.)** | **Module No.** |

 \*Please write COR for Core/Compulsory & ELE for Elective as appropriate.

 + Please write REP for Repeat/ SUB for Substitute as appropriate.

$ **Please note that the fee waiver is applied for only one repeated/substituted module.** **Students are requested to submit such request during preregistration of their last quarter of the programme.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Recommendation of Program Coordinator**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Program Coordinator |
|  **FOR OFFICE USE ONLY** |
| **Remarks:** |
| **Checked by** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature of Dealing Assistant** | **Approved by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of PIC (ODL)** |

 bbb